

EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR COURSE REVISIONS

TYPE OF REVISION: (CHECK ALL THAT APPLY.)

- _____ Course Number/Subject Code
- _____ Course Title
- _____ Credit Hours
- _____ Course Description
- _____ Prerequisite/Corequisite
- _____ Restriction

DEPARTMENT: _____

DEPARTMENT CONTACT: _____

COLLEGE: _____

PHONE: _____

CONTACT EMAIL: _____

DIRECTIONS: COMPLETE SECTION A AND SECTIONS B1a, B2a, B3a B4a, B9, B10 AND B11. COMPLETE ONLY THE REMAINING PARTS OF SECTION B THAT CONCERN THE REVISIONS CHECKED ABOVE. FOR ASSISTANCE CONTACT THE COURSE AND PROGRAM DEVELOPMENT OFFICE.

A. Rationale for Revision:

B. Course Information

1. a) Current Subject Code and Course Number: _____

b) (If new) Proposed Subject Code and Course Number: _____

2. a) Current Course Title: _____

b) (If new) Proposed Course Title: _____

3. a) Current Credit Hours: _____

b) (If new) Proposed Credit Hours _____

c) (If new) Briefly describe how the increase/decrease in credit hours will be reflected in course content.

5. a) Current Catalog Description:

b) (If new) Proposed Catalog Description (Limit to approximately 50 words):

6. (Complete only if prerequisites are to be changed.) List Current and Proposed Prerequisite Courses by subject code, number and title. Students must complete prerequisites before they can take this course.

Current:

Proposed:

7. (Complete only if corequisites are to be changed) List Current and Proposed Corequisite Courses by subject code, number and title. Students must take corequisite courses at the same time as they are taking this course.

Current:

Proposed:

8. (Complete only if concurrent prerequisites are to be changed.) List Current and Proposed Concurrent Prerequisite Courses by subject code, number and title. Students must take concurrent prerequisites either before or at the same time as they are taking this course.

Current:

Proposed:

9. (Complete only if course restrictions are to be changed. Complete only those sections that pertain to the restrictions that are to be changed.) List Current and Proposed Course Restrictions. Course Restrictions limit the type of students who will be allowed to take the course.

a. Academic/Class Level: Check all those who **will be allowed** to take the course as part of their academic program.

Current

Freshperson _____
Sophomore _____
Junior _____
Senior _____
Certificate _____
Master's _____
Specialist _____
Doctoral _____

Proposed

Freshperson _____
Sophomore _____
Junior _____
Senior _____
Certificate _____
Master's _____
Specialist _____
Doctoral _____

Note: Only 400-level undergraduate courses can be taken by graduate students for credit toward their program of study.. **Only** Certificate and Masters students may take these courses. If this is a 400-level course that will now be offered for graduate credit, attach Approval Form for 400-level Course for Graduate Credit.

Note: Only 500-level graduate courses can be taken by undergraduate students.

b. Majors/Programs: (Check if course is restricted to those in specific majors/programs)

Current

Yes _____

No _____

Proposed

Yes _____

No _____

If yes, list the majors/programs

c. Departmental Permission: (Note: Department permission requires the department to enter authorization for every student registering.)

Current

Yes _____

No _____

Proposed

Yes _____

No _____

d. Admission to Specific College: (Check if course is restricted to those admitted to specific college.)

Current

College of Business: _____

College of Education: _____

Proposed

College of Business: _____

College of Education: _____

9. List all departmental programs for which this course is Required or a Restricted Elective.

Program _____ Required _____ Restricted Elective _____

Program _____ Required _____ Restricted Elective _____

10. Is this course required by programs in other departments? Yes _____ No _____

11. If yes, do the affected departments support this change? Yes _____ No _____

If yes, attach letters of support. If no, attach letters from the affected department explaining the lack of support, if available.

12. Will the proposed revision increase/decrease credit hours in any program? Yes _____ No _____

If yes, list the programs and provide an explanation for the increase/decrease, along with a copy of the revised program that includes the new credit hour total.

C. Action of the Department/College

1. Department

Vote of department faculty: For _____ Against _____ Abstentions _____
(Enter the number of votes cast in each category.)

Department Head Signature Date

2. College

College Dean Signature Date

3. Graduate School (if Graduate Course)

Graduate Dean Signature Date

D. Approval

Associate Vice-President for Academic Programming Signature

Date